

Entered - 12-06-99 - sb  
CL 99L0828 - ALEXIS HOLMES

01-R-1842

CLAIM OF: **FAY J. MARTIN**  
4126 Glenwood Drive  
Gainesville, Georgia 30506

For damages alleged to have been sustained as a result of slipping  
down the stairs on October 2, 1999 at the Atlanta Civic Center 395  
Piedmont Avenue, NE.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0828

Date: 10/25/01

Claimant /Victim FAY J. MARTIN  
BY: (Atty) \_\_\_\_\_  
Address: 4126 Glenwood Drive Gainesville, Georgia 30506  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ 7,163.49  
Date of Notice: 11/17/99 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 10/2/99 Place: Atlanta Civic Center 395 Piedmont Avenue, NE  
Department \_\_\_\_\_ Division: \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that she sustained injuries when she stepped on a slippery surface and slid down the steps in the balcony at the Atlanta Civic Center during the performance of Riverdance. An investigation determined that at that time of the claimant's incident the company leasing the Civic Center was the responsible entity for the claimant's alleged damages, and not the City of Atlanta. The claim has been tendered to appropriate parties, and the claimant has been advised of the City's action in this matter.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Other X Written X Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

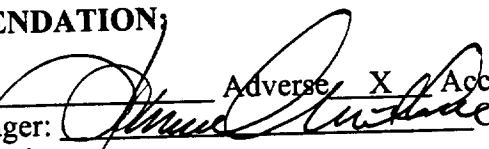
### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 11-01-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11-16-99

ENTERED - 12-6-99 - SB  
99L0828 - DOBBS JORDAN

11-17-99 P05:32 J01

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

All Medical Bills

1. Date of incident: 10-2-99  
(month/day/year)

2. Police called: \_\_\_\_\_  
Yes ☐ No ☒

3. Location of incident: ATLANTA Civic Center

4. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

5. State what and how incident occurred: going down steps, foot slipped on slippery surface, slid to bottom of steps. do not know what I slipped on. When I got to bottom, Rt. Ankle was swollen & painful, could not walk on foot. (over-)

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(make) (year) (tag number) (driver's name)

City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)

8. Witness: RAY BLACK - LAKELAND Rd. Gainesville, GA. 770-533-1008  
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Ray J. Martin  
(claimant's name)

4126 Glenwood Dr.  
(address)

Gainesville, GA. 30506  
(city and state)

770-531-0354  
(work number) (home number)